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K. SALY JUL 13 2817

COVER LETTER

TO:		istration Section sion of Corporation	, ns			
SUBJE		MORGAN KEYS	LLC			
50202			Name of I	Limited Liability (Company	
						ansact Business in Florida," Certificate of y company to transact business in Florida.
Please re	eturn	all correspondence	concerning this matter to the	following:		
		Thomas D. Wr	ght, Esq.			
			N	ame of Person		
		Law Offices of	Thomas D. Wright, Chartere	ed		
			Fi	rnı/Company	,	
		9711 Overseas	Highway			
				Address		
		Marathon, FL	33050			
		<u> </u>	City/S	tate and Zip Code		
		sue@keysclosing	gs.com			
			E-mail address: (to be used	d for future annual	report not	tification)
For furt	her in	formation concerning	g this matter, please call:			
	Sus	an Lovley		305 at (743-81	18
		Name o	of Contact Person	Area Code	Day	time Telephone Number
	Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301
Enclose		check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

t'name unavailable, enter alternati	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limi	ted Liability Company," "L.L.C," or "LLC.")
Tennessee		3. 82-1862847	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FI	El number, if applicable)
,			
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liability)	
1360 122nd Street		6. P. O. Box 4114	P. 1
(Street Address of Marathon, FL 33050	f Principal Office)	(Mailii Brentwood, TN 37024	ng Address)
			10 Sept. 1
			Fig. 3
. Name and street addr	ess of Florida registered agent: (P.O. Box	NOT acceptable)	Es B
Name:	Thomas D. Wright, Esq.		DRIED TO
Office Address	9711 Overseas Highway		west.
	Marathon	Elouido 33050)
		, Florida 33050	Zin code)
lesignated in this applic o comply with the provi	eptance: registered agent and to accept service of p ration, I hereby accept the appointment as isions of all statutes relative to the proper ins of my position as registered agent.	process for the above stated lin s registered agent and agree to	nited liability company at the plac o act in this capacity. I further ag
Having been named as lesignated in this applic o comply with the prov	ptance: registered agent and to accept service of p ration, I hereby accept the appointment as isions of all statutes relative to the proper	process for the above stated lings registered agent and agree to and complete performance of	nited liability company at the place o act in this capacity. I further agi
Having been named as lesignated in this applic o comply with the prove and accept the obligation	eptance: registered agent und to accept service of peration, I hereby accept the appointment as isions of all statutes relative to the proper as of my position as registered agent. (Registered agent's s	process for the above stated lings registered agent and agree to and complete performance of lightness.	mited liability company at the place of act in this capacity. I further aging for my duties, and I am familiar with
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Having been named as designated in this applicate of comply with the proving accept the obligation. 8. The name, title or cate a Title or Capacity: Manager (Use attachments if necessarisdiction under the law of the translator must be	reptance: registered agent and to accept service of prestion, I hereby accept the appointment as isions of all statutes relative to the proper in sof my position as registered agent. (Registered agent's sepacity and address of the person(s) who has a Name and Address: Edward Morgan 29 Governors Wav Brentwood. TN 37027-8926 essary) te of existence, no more than 90 days old, of word which it is organized. (If the certificate submitted)	process for the above stated lives registered agent and agree to and complete performance of signature) s/have authority to manage is/registered authority: Manager duly authenticated by the office is in a foreign language, a training registered agents.	mited liability company at the place of act in this capacity. I further agrif my duties, and I am familiar with are: Name and Address: Barbee Morgan 29 Governors Way Brentwood, TN 37027-892
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

LAW OFFICES OF THOMAS D. WRIGHT, CHARTERED

SUSAN LOVLEY 9711 OVERSEAS HIGHWAY MARATHON, FL 33050

Request Type: Certificate of Existence/Authorization

Request #:

0243696

Issuance Date: 07/10/2017

Copies Requested:

Document Receipt

Receipt #: 003470068

Filing Fee:

\$20.00

July 10, 2017

Payment-Credit Card - State Payment Center - CC #: 3706496153

\$20.00

Regarding:

Morgan Keys LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 06/16/2017

Status:

Active

Duration Term:

Perpetual

Control #:

908983

Date Formed:

06/16/2017

Verification #: 023217320

Formation Locale: TENNESSEE

Inactive Date:

Business County: WILLIAMSON COUNTY

Processed By: Cert Web User

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Morgan Keys LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State